ÍÏ Ü ŧΩ

							_		
/	8	8	9	5	2	4		ť	7

Finance type a plus sign (+) inside this box -----

PTOURNAL (82-01)
Approved for use librargh 10/31/2/02 Own 641-00/8
U.G. Calvill and Trademark Office: U.S. DEPARTMENT OF COMMERCE
and to a sufficient of information unless it display a valid OMD control number. Under the Paperwalk Reduction Act of 1995, his parsure are required by test 09/889_524 Application Number July 17, 2001 Filing Date Dan BUTNARU First Named Inventor POWER OF ATTORNEY OR Method for secure down... Title **AUTHORIZATION OF AGENT** Group Art Unit Evanther Mame UV669/004001 Attorney Docket Number

t hereby appoint:		
thereby appoint.		Place Customer
	Customer Number	Numbar Bar Code
OR Practitioner(s) na	amod beleur	Laber mere
Practitioner(s) na	Name	Registration Number
	INGINIE	Registration ratinog
	r agent(s) to prosecute the application is States Patent and Trademark Office co	
	aspondence address for the above-iden	tified application to:
ll. The above-mention	ned Customer Number.	Placo Customet
Practitioners at Cu	Stomet Number	Number Bar Cade
OR		Label ham
Firm or		
Individual Name		
Address Address		
City	T T	State 7.ip
Country		
- Tel-phone		-Fila-
f am the:	•	
Applicant/Invent	or.	
	ord of the entire interest. Soc 37 CFR 3. r 37 CFR 3.73(b) is enclosed. (Form P1	
	SIGNATURE of Applicant or Assign	ee of Record
Namo Ma	Mhias GELZE	
Signature //	ables a	
Date 29	102/02	
NOTE: Signatures of all the inver- forms if more than one signature	tions or assignmes of record of the entire interest.	or their representation(s) are required. Submit multiple
7.3	rms are submitted.	

QUITER Hold Statement: This torm is estimated to take 3 minutes to complete. Time was very depending upon the neede of the individual case. Any renoments on the university of time, you are required to complete this found on sont to the Chief information Office. U.S. Pateri and Trademark Office, Washington, DC 20234.

DO NOT REND FOR ON OMNITOTED FORMS TO THIS ADDITESS. SEND TO Assistant Commissional for Patents, Washington, DC 20234.

The first from the control of the control of the first first

ij

Pg:

PTO/SB/01 (03-01)
Approved for use through 10/31/2007, OMB 0651-0032
U.S. Putent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DEGLADATION FO	Attorney Docket	Numbe <u>r</u>	09669/004001						
DECLARATION FO DESIG		First Named Inve	ntor	Dan BUTNARU					
PATENT APPL		COM	COMPLETE IF KNOWN						
(37 CFR 1	Application Numb	er	09 /889, 524						
]	Filing Date		July 18, 2001					
Declaration Submitted OR	Declaration Submitted after Initial	Group Art Unit							
with initial Filing	Filing (surcharge (37 CFR 1.16 (÷))	S. S	- 						
Thang	required)	Examiner Name							
As a below named inventor, I hereby declare that:									
My residence, mailing address, ar	nd citizenship aro as stated	d below next to my name,							
I believe I am the original, first and	sole inventor (if only one	name is listed below) or a	in original, i	first and joint inventor (if plural					
names are listed below) of the aut									
METHOD FOR SECUR	REDOWNLOADING E	DATA BETWEEN SEC	URITY U	NITS.					
	(Title of the	e Invention)							
the specification of which									
is attached hereto				22511					
OR		·		PATENT TRADEMARK OFFICE					
was filed on (MM/DD/YYYY)	07/ 18/ 2001	an I Inited State	a Analiastic	n Number or PCT International					
CCI was town out (MMADOMA & A.A.)		as Officed State	e vibblicatio	n Number of PCT international					
<u></u>									
Application Number 09/ 88	9,524 and was arr	nended on (MM/DD/YYYY)		(if applicable).					
I hereby state that I have reviewed amended by any amendment spec	I and understand the control initially referred to above,	ents of the above identifie	d specificati	ion, including the claims, as					
I acknowledge the duty to disclose	information which is mate	arial to patentability as def	ined in 37 C	CFR 1.56, Including for continuation-					
In-part applications, material inform PCT international filing date of the	nation which became avai	ilable between the fillno da	ite of the pr	for application and the national or					
I hereby claim foreign priority bene- or plant breeder's dobts conficety	efits under 35 U.S.C. 119	(a)-(d) or (f), or 365(b) of	any foreign	application(s) for patent, inventor's signated at least one country other					
than the United States of Americ	a. listed below and have	also identified below, by	chocking t	he box, any foreign application for ving a filing date before that of the					
application on which priority is clair	med.		DICTUON THE	ving a filling date belore that or the					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) N	Priority ot Claimed	Cortified Copy Attached? YES NO					
99/ 00462	France	01/ 18/ 1999							
Additional foreign application	sumbore era listad en e e	uzalowania waladhi data -							

[Page 1 of 2]

PTO/SB/01 (03-01)
Approved for use through 10/31/2002, OMB 0661 0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paparwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION -	Uti	lity or De	esi	gn Patent A	Applicati	ion ————	J
Direct all correspondence to: Customer N				OR C	orrospondença ad	ddress below	
Name							
Address							
City	,		Stat	te	ZIP		
Country	Tele	phone			Fax		
I horoby declare that all statements made herein of are believed to be true; and further that these statements are punishable by fine or imprisonment, or by validity of the application or any potent issued there	tement oth, ur	s were made will	h the	knowledge that willful	false statements	and the like so	
NAME OF SOLE OR FIRST INVENTOR	:	A petition h	as b	een filed for this ur	nsigned invent	or] .
Given Name - 00 (first and middle [if any])				Family Name BUTNA		UTNARU	
Inventor's Signature					Date 27/6	07/2007	
Residence: City	rres	Stato		France Country	Citizenship	French	FRX
50, /	\ven	uc J e an Jaurès	s – B	3,P. 620-12			
Montrouge Cedex		State		92542 zip	Country	France	
NAME OF SECOND INVENTOR:		A petition ha	s bec	en filed for this uns	igned inventor]
Given Name (first and middle [if any])		Raphaël		ity Name urname		ROSSET	
Inventor's Signature			_		・フ. 3 /	ن7 / ۵ کے	
Residence: City	oflay	State		France Country	Citizenship	French	FR)
Mailing Address 50, 7	\veni	ue Jean Jaurès	s – B	3.P. 620-12			
Montrouge Cedex		State		92542.	Country	France	

Additional inventors are being named on the 1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Fax reçu de : 218914881

SCHLUM].

16:50 16:18 27/02/02 Pg: 4/9 27/97/82 15:36 Pq: 2/4

Fromme type is pittle styre (+) leaded thin hear -----

P10/58/07A (11/00)

Approximation use incough 10/31/2002 CMR 00:51-(803)

U.S. Palent and Tradminus Office; U.S. DEPARTMENT OF COMMERCE

Under the Conceasts Enduction Act of 1905, no parents are required to mesond to a collection of information unions & value OMH number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of	Additional Joint Inventor, if a	ny:	☐ A pelitino ha	been filed for	this ensigned inventor		
2 3	Given Name (first and middle [if any)	F	Family Namo or Sumame			
3~00	Matthias		GEL	ZE			
Inventor's Dignature	Molley a				Onto 27/02/02		
Residence:	City Paris	State Franc	Country F	R	Citizenship FR		
Mailing Ade	1rena	50, avenu	e Jean Jaurès				
Malling Add	lrous						
City	Montrouge Cedex	State	zie 92542	Count	France		
Name of A	Additional Joint Inventor, if on		A polition has b		is unsigned inventor		
	Given Name (first and inidele fil any)		Fan	nily Name of	Surre ,		
		•					
Inventor's Signature					Dato		
Residence;	City	State	Country		Cilizonship		
Mailing Add	rena			` _			
(<u>Mahling ∧ddi</u>	7055						
City		State	ZIP	Çain	nla.		
Name of A	udditional Joint Inventor, if an	y: (-	استحادانه والمهائل المستهاد الوا		
	Given Name (first and middle (if hny))		A petition has bee				
			<u></u>	amily Name o	r Sumamo		
inventor's Signature					P#(9		
Residence: C	City	State	Country	·, - ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Gitizonahip		
Address							
daning Vode	- Mn		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Сну		State					
Ide Mant Class		1417	<u> </u>	Cou	intry		

Burean now Statement: I fild from it ablimated to take 21 minutes to complete. Time will very deponding upon the needs of the individual case. Any commons on the amount of time, you are required to complete the form should be sent to the Chief Information Officer, U.S. Patent and Trademers Office, Washington, DC 20231. DO NOT SEND FOLG OR COMPLETED FORMS TO THIS ADDICESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Pg: 5/9

Rec'd T/PTO 28 FEB 2002 09/889524

Please type a plus	sign (+)	inside this b	ux ——>	\oplus
--------------------	----------	---------------	--------	----------

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMR 0651-0035
U.S. Patent and Trademark Office; U.S. OFFARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMU control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/ 889, 524
Filing Date	July 17, 2001
First Named Inventor	Dan BUTNARU
Title	Method for secure down
Group Art Unit	
Examiner Name	
Attorney Docket Number	09669/004001

l hereby appoi	nt:		Place Customer
	ers at Customer Number		Number Bar Code Label here
<i>QR</i> Practitions	er(s) named below:		
	Name	Regis	tration Number
as mylour attorn	ney(s) or agent(s) to prosecute the app	lication identified abov	e, and to transact all
business in the !	United States Patent and Trademark C	JIIICO COMMACIAG MICIE	WIGH.
Please change t	he correspondence address for the ab	ove-identified applicat	ion to:
☐ The above-	mentioned Customer Number.		
OR		— _	Place Customer Number Bar Code
	rs at Customer Number		Label here
OR		•	
Firm or Individual Na	amé		
Address			
Address			
City		State	Zip
Country		·	
Telephone		Fax	
I am the:			
H Applicar	nt/Inventor.		
	ec of record of the entire interest. Soo 3	37 CFR 3.71.	
Assigne	ant under 37 CFR 3,73(b) is enclosed.	(Form PTO/SB/96).	
Otatom	SIGNATURE of Applicant		
	SIGNATURE OF Applicant	A. Manishing at Heading	
Name	Dan BUTNARU		
Signature	Lillete		
Date	17/02/1007		A. b. a. b
NOTE: Signatures of a	all the inventors or essignoes of record of the end signature is required, see helow.	ntire interest or their represe	ontative(s) are required. Submit multiple
D *Total of	forms are submitted		
Dundan Hans Hilliam No Thi	is term to neumning to take 3 minutes to complete. The	me will vary depending upon th	e needs of the individual case. Any community

Burdon Hour Statument: This form is estimated to take 3 minutes to complete. Time will vary depending light for heads of the fradomick Uffice, Washington, DC the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradomick Uffice, Washington, DC 20231. DO NOT SUND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09/889524

CT/PTO 28 FEB 2002

PICO/SR/81 (02-01)

Approved for use through 10/01/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a influention of information unless it display a valid OMR control number. Pleххн type a plus sign (+) inside this box —

	Application Number	09/ 889_524
	Filing Date	July 17, 2001
	First Named Inventor	Dan BUTNARU
POWER OF ATTORNEY OR	Title	Method for secure down
UTHORIZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	09669/004001

I hereby appoi	nt:			Place Customer
Practition	ers at Customer Number			Number Bar Code
OR				
☐ Practition	or(s) named below:		D1-4	ration Number
	Name		Regist	ration Number
<u> </u>				
<u> </u>			-	
<u> </u>				
as my/our attom	ney(s) or agent(s) to prosec	ute the application is	dentified above	a, and to transact all
business in the	United States Patent and T	rademark Office cor	UNACTED THELEN	/IVII-
Please change (the correspondence addres	s for the above-idon	itilied application	on to:
	-mentioned Customor Numi	ber.	r	Trace Gustorier
OR	es et Customer Number			Number Bar Codo
i <i>OR</i>	rs at Customer Number		l	Label herc
Firmor				
Individual N	ame			
Address				
Address				
City			State I	Zip
Country			 	
Telephone			Fax	
l am tho:				
Applicat	nt/Inventor.			
1 —	ee of record of the entire inte	arnet See 37 CER S	3 71	
Assigne	ent under 37 CFR 3.73(b) is	s enclosed. (Form P	TOISBI96).	
	SIGNATURE o	of Applicant or Assig	nee of Record	
Name	Raphači ROSSET -		· · · · · · · · · · · · · · · · · · ·	
Signature	1,41-6/02			
Date	The inventors of assignment of the	cord of the entire interes	st or their represer	stative(s) are required. Submit multiple
forms if more than one	signature is required, see below		·	
Total of	forms are submitted.			to at the Individual once Any comments

Burden Hour Statement: This form is estimated to take 3 inequies to complete. Third will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sant to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patenta, Weshington, DC 20231.